

MISSOURI DEPARTMENT OF SOCIAL SERVICES DIVISION OF FAMILY SERVICES

COUNTY TRANSFER REQUEST

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CIT	TY STATE ZIP					
TCA	SE NAME			CASE NUMBER		
RE	CIAL SECURITY NO.					
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e above	e named claimant has advis	sed us that he/she is	now residing in y	our county.		
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	 Will you blease verify res 	sidence and authori	ze transfer of all a	nolicable reco	rde to your	nounty.
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